

COVER PAGE

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Radtkey-Gaither	Kathryn	Gail	( 916 ) 323-0611	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
1121 L Street, Suite 600	Sacramento	CA	95814	krgaither@ose.ca.gov

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Office of Planning and Research

Division, Board, District, if applicable:

Your Position:

Undersecretary of Education

► If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009,  
through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2009.

☐ Leaving Office

Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Check one)

☐ The period covered is January 1, 2009, through the  
date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☐ Candidate

Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages  
including this cover page: 1

► Check applicable schedules or "No reportable  
interests."

I have disclosed interests on one or more of the  
attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes - schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☐ Yes - schedule attached  
*Real Property*

Schedule C ☐ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)*

Schedule D ☐ Yes - schedule attached  
*Income - Gifts*

Schedule E ☐ Yes - schedule attached  
*Income - Gifts - Travel Payments*

-or-

☒ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this  
statement. I have reviewed this statement and to the best  
of my knowledge the information contained herein and in any  
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.

Date Signed March 31, 2010  
(month, day, year)

Signature [Signature]  
(File the originally signed statement with the filing official.)